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ABSTRACT

Resources on the topic of women and alcohol and drug abuse are presented in this document. The first section presents facts and figures which range from noting that although women drink less than men, the number of women who do drink is significant, to the fact that young women between the ages of 16 and 22 are more likely to smoke cigarettes than their male counterparts. The second section lists prevention materials for women, including brochures, booklets, a catalog, a factsheet, a book, and a resource directory. The list includes annotations, year of publication, length, medium, audience, topic, and availability. The third section presents 42 annotations of studies, articles, and reports on this topic. Entries are categorized into these areas: government publications and journal articles as well as other publications. Finally groups, organizations, and programs on women are listed. (ABL)

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Office for Substance Abuse Prevention

PREVENTION RESOURCE GUIDE

WOMEN

ED350513

October 1991

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

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MS433

As prevention professionals enter the decade of the 1990's, it is important for them to challenge the pervasive misconceptions regarding the health status of women. The data that do exist do not adequately document the physical and mental health condition, especially regarding the use of alcohol and other drugs, of the many women in the United States.

The facts and figures presented in this Prevention Resource Guide represent findings from key Government reports and research studies on alcohol and other drug use among women. While the data are not necessarily generalizable to all women, it is useful for overall program planning to take these findings into consideration.

Produced by the National Clearinghouse for Alcohol and Drug Information, a service of the Office for Substance Abuse Prevention; Amy Lane, staff writer.

For further information on alcohol and other drugs, call 1-800-729-6686 or 301-468-2600.

Please feel free to be a "copy cat," and make all the copies you want. You have our permission!

Facts & Figures on Women

- ✓ Although women drink less than men, the number of women who do drink is significant. Estimates indicate that of the 15.1 million people who abuse alcohol or are alcohol-dependent, 4.6 million are women. That means that roughly one-third of alcoholics are women.[1]

- ✓ The number of women who report using illicit drugs is alarming, although women are less likely to use illicit drugs than men. Five percent of women and 8 percent of men report having used illicit drugs during the last 30 days.[2]

- ✓ In 1989, 43 percent of drug abuse patients admitted to emergency rooms were female and 56 percent were male.[3]

- ✓ Cigarette use among women has decreased at the rate of about 1 percent each year since 1985. Use during the last 30 days by women was at 24.2 percent in 1990, down from a 1985 figure of 28.1 percent.[4]

- ✓ Women who drink heavily or are alcoholic are more likely to become victims of the alcohol-related aggression of others, such as date rape.[5]

- ✓ Drinking varies among women of different racial or ethnic backgrounds. African American women were more likely to abstain from drinking alcohol (66.9 percent) than White women (52.6 percent) during the month prior to their interview.[6]

- ✓ Hispanic women drink infrequently and are more likely than White or African American women to abstain from drinking; however, this may change as they enter new social and work arenas. Abstention rates are greater among Hispanic women who have immigrated to the United States than among younger, American-born Hispanic women.[7]

- ✓ Marital status influences drinking habits. Single, divorced, or separated women are more likely to drink heavily and experience alcohol-related problems than women who are married or widowed. Unmarried women who are living with a significant other are most likely to develop drinking problems.[8]

- ✓ Despite their relatively low consumption levels, women account for nearly one-half of cirrhosis deaths among American Indians.[9]

- ✓ According to a 1990 household survey, 0.5 percent of women had used cocaine during the last 30 days. That is a large decrease from a similar 1985 study, which estimated that 2 percent of women had used cocaine during the past month.[10]

- ✓ In 40 percent of 1989 emergency room episodes involving female patients, the motive for using drugs was suicide, compared to 20 percent of male emergency room episodes.[11]

- ✓ Abuse of prescribed tranquilizers is more frequent among women than men. In 1989, emergency room episodes resulting from Valium were 4.1 percent for females and 2.5 percent for males.[12]

- ✓ Women are more susceptible to alcohol-related liver damage. They develop liver disease in a shorter period of time and at lower levels of consumption. The number of alcoholic women who develop alcohol-related liver disease is higher than among alcoholic men.[13]

- ✓ The impact of alcohol appears to be greater upon women than men.[14]

- ✓ Repeated or sustained episodes of alcohol intoxication may suppress hormonal activity in women. Studies suggest that there is a higher prevalence of menstrual dysfunction and accelerated onset of menopause among alcoholic women. Other problems such as obstetrical disorders and gynecological surgery are also more common.[15]

- ✓ In 1990, 4 percent of women reported using marijuana during the past month while 6 percent of men did. This number is the same as a similar 1989 study which indicated that 4 percent of women had used marijuana in the past 30 days.[16]

- ✓ Young women between the ages of 16 and 22 are more likely to smoke cigarettes than their male counterparts.[17]

- ✓ Over 4.8 million (8 percent) of the 60.1 million women 15-44 years of age (the childbearing years), have used an illicit drug in the past month. Slightly over 500,000 (0.9) used cocaine and 3.9 million (6.5 percent) used marijuana in the past month.[18]

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✓ It is estimated that the number of women in the United States who drink has increased significantly over the last 40 years and that heavy drinking has increased among young, employed women. As many as 16 percent of these women may be consuming three to five drinks per day.[19]

✓ More than 80 percent of cases of AIDS in women are associated with intravenous drug abuse. Under the influence of alcohol and other drugs, people help to spread AIDS by engaging in high risk sexual activity with people who are IV drug abusers or HIV carriers.[20]

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10. National Institute on Drug Abuse, Division of Epidemiology and Prevention Research, Research Triangle Institute, "Prevalence Estimates for Specific Drugs and Drug Classes," National Household Survey on Drug Abuse: Population Estimates 1988, p.29, 1989 and National Institute on Drug Abuse, Division of Epidemiology and Statistical Analysis, Institute for Survey Research, "Prevalence Estimates for Specific Drugs," p.14, 1987.
11. National Institute on Drug Abuse, Division of Epidemiology and Prevention Research, by CSR, Incorporated, "Emergency Room Summaries for Total DAWN System," *Annual Data 1989, Data from the Drug Abuse Warning Network (DAWN)*, Series 1, Number 9, p. 16, 1990.
12. Ibid., p. 14.
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14. Fellios, P.G., "Alcoholism in Women: Causes, Treatment, and Prevention." In *Alcoholism and Substance Abuse in Special Populations.* Rockville, MD: Aspen Publishers, 1989.

15. Hugues, J.N.; Cofte, T.; Perret, G.; Jayle, M.S.; Sebaoun, J.; and Modigliani, E., "Hypothalamopituitary Ovarian Function in 31 Women with Chronic Alcoholism," *Clinical Endocrinology* (12):543-551, 1980, and Gavaler, J.S.,"Effect of Alcohol on Endocrine Function in Post-Menopausal Women: A review," *Journal of Studies in Alcoholism* (46):495-516, 1985, and Mendelson, J.H.; Mello, N.; Cristofaro, P.; Ellingboe, J.; Skupny, A.; Plamieri, S.L.; Benedikt, R.; and Schiff, I., "Alcohol Effects on Naloxone-Stimulated Luteinizing Hormone, Prolactin and Estradiol in Women," *Journal of Studies in Alcoholism* (48):287-294, 1987.

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For further information, write to NCADI, P.O. Box 2345
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Prevention Materials for Women

ABCs of Alcohol Education for Women

Organization: Association of Junior Leagues, Inc.

Sponsor/Endorser: ALMACA and Allstate Insurance Company

Format: Communications Package

Length: 3 Brochures; 3 Pages each

Context: Stands Alone and Part of a Packet/Program

Topic: Alcohol, Prevention, and Intervention/Treatment

Mode of Delivery: Self-Instructional

Target Audience: Women

Readability: Easy

Availability: Wisconsin Clearinghouse, P.O. Box 1468; Madison, WI 53701-1468; 1-800-322-1468; 50 for $15; 200 for $48; 500 for $105; 1,000 for $195.

Three Brochures: "How to Know if a Woman Close to You Drinks Too Much," "What Do I Say to a Woman I'm Concerned About," and "Where to Get Help."

Chemical Dependency and Women

Organization: New York State Division of Substance Abuse Services

Publication Date: June 1983

Format: Brochure

Length: 6 Pages

Context: Stands Alone

Topic: Alcohol/Drugs and Prevention

Mode of Delivery: Self-Instructional

Target Audience: Women

Readability: Easy

Availability: New York State Division of Substance Services, Executive Park South, Albany, NY 12203; 800-522-5353; free, limited to quantities of 250.

Designed to increase the understanding of problems related to women and chemical dependency, the focus is primarily on prescription drug misuse. Major factors that place women at a greater risk of misusing prescription drugs are highlighted. Suggestions are offered to help avoid misuse and resources for help are listed.

About Women and Alcohol

Organization: Channing L. Bete Co., Inc.

Publication Date: 1986

Format: Booklet

Length: 15 Pages

Context: Stands Alone

Topic: Alcohol

Mode of Delivery: Self-Instructional

Target Audience: General Public and Women

Readability: Easy

Availability: Channing L. Bete Co., Inc., 200 State Road Deerfield, MA 01373; 413-665-7611; 800-628-7733, $1 each or discounts in bulk.

This booklet provides an explanation for the rise in the number of women who drink and the increased number of female alcoholics. It addresses the causes, preventions, symptoms, and treatments available. Facing up to alcoholism and getting help is another focus of this booklet.

Women's Health: Alcohol and Women

Organization: American College of Obstetricians and Gynecologists

Publication Date: September 1986

Format: Brochure

Length: 10 Pages

Context: Stands Alone

Topic: Alcohol and Prevention

Mode of Delivery: Self-Instructional

Target Audience: Women

Readability: Average

Availability: Resource Center, 409 12th Street SW, Washington, DC 20024-2588; 202-863-2578; $14 per 50 copies.

This brochure provides an overview for women about the effect that alcohol has on their health. The physical and emotional effects of drinking are discussed in detail. The use of alcohol during pregnancy is not recommended. Resources for support and help are provided.

Women and Alcohol and Drugs: A Random Sampling of Materials Available

McIntire, S.A.

Organization: Minnesota Indian Women's Resource Center (MIWRC) Resource Library and Resource Center

Publication Date: May 1988

Format: Catalog

Length: 11 Pages

Context: Stands Alone

Topic: Alcohol/Drugs, Prevention, and Intervention/Treatment

Mode of Delivery: Self-Instructional

Target Audience: General Public, Native Americans, and Women

Readability: Average

Availability: Minnesota Indian Women's Resource Center (MIWRC) Resource Library and Resource Center, 1433 E. Franklin, Minneapolis, MN 55404; 612-872-8211; $2 per copy.

A list of materials available from MIWRC regarding American Indian women, alcohol, and drugs. Most of the materials relate to awareness and treatment of alcohol and other drug abuse among women.

Alcohol/Drug Dependent Women: New Insights into Their Special Problems, Treatment, Recovery

Blume, S. B.

Organization: Johnson Institute

Publication Date: 1988

Format: Booklet

Length: 48 Pages

Context: Stands Alone

Topic: Alcohol/Drugs, Intervention/Treatment, and Women

Mode of Delivery: Self-Instructional

Target Audience: General Public

Readability: Average

Pretest/Review: Unknown

Availability: Johnson Institute, 7151 Metro Boulevard, Minneapolis, MN 55439-2122; 800-231-5165; $3.25 each; discounts for over 50 copies.

Summarizes some of the recently acquired knowledge about alcohol/drug problems in women and how to identify, diagnose, and treat them. States that in order to get more women to seek treatment for alcoholism, society must reduce the stigma associated with female alcoholics and provide more money for prevention, treatment, and research. Provides a questionnaire and a suggested reading list.

Women, Alcohol and Dependency: I am Responsible

Organization: Johnson Institute

Publication Date: 1981

Format: Booklet

Length: 21 Pages

Context: Stands Alone

Topic: Alcohol/Drugs, Prevention, and Intervention/Treatment

Mode of Delivery: Self-Instructional

Target Audience: Women

Readability: Easy

Availability: Johnson Institute, 7151 Metro Boulevard, Minneapolis, MN 55439-2122; 800-231-5165; $3.25 each; discounts for over 50 copies.

Explains why more women are seeking help for alcoholism, the warning signs for chemical dependency, and some of the health problems that affect chemically dependent women. Discusses intervention, treatment, and the problems women may have adjusting to a new life after recovery. Provides a reference list.

Advances in Alcoholism Treatment Services for Women

Organization: National Institute on Alcohol Abuse and Alcoholism

Publication Date: 1983

Format: Book

Length: 93 Pages

Context: Stands Alone

Topic: Alcohol

Mode of Delivery: Self-Instructional

Target Audience: A/D Treatment Professionals, Health Care Providers, and Women

Setting: Health Care and Home

Readability: Average

Availability: Available Free from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852; 301-468-2600 or 800-729-6686

The book discusses the following issues: aftercare, treatment, outreach, and community involvement.

Here's to Your Health: Alcohol Facts For Women

Organization: Department of Health and Human Services

Publication Date: 1985

Format: Brochure

Length: 7 Pages

Context: Stands Alone

Topic: Alcohol and Prevention

Mode of Delivery: Self-Instructional

Target Audience: Health Care Providers —Gynecology

Setting: Health Care and General Public

Readability: Average

Availability: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852; 301-468-2600; 800-729-6686

This brochure gives facts about how alcohol affects women, fetal alcohol syndrome, how to stop drinking, and other similar topics which affect women and their health.

The Women for Sobriety New Life Program.

Kirkpatrick, J.

Organization: Women for Sobriety

Publication Date: 1987

Format: Fact Sheet

Length: 2 Pages

Context: Stands Alone

Topic: Alcohol/Drugs

Mode of Delivery: Self-Instructional

Target Audience: Women

Setting: General

Readability: Average

Availability: Available free from Women for Sobriety, Box 618, Quakerstown, PA 18951; 215-536-8026.

This is a self help program for women alcoholics with an emphasis on the emotional aspects of recovery.

Women, Alcohol and Drugs

Organization: Krames Communications

Publication Date: 1986

Format: Brochure

Length: 6 Pages

Context: Stands Alone

Topic: Alcohol/Drugs

Mode of Delivery: Self-Instructional

Target Audience: Women

Readability: Easy

Availability: Krames Communications, 1100 Grundy Lane, San Bruno, CA 94066; 415-994-8800; 800-333-3032; 40 cents each; minimum order of $50.

Brochure describes what dependency and codependency are and how to help yourself.

Alcoholism, Other Addictions, and Alcohol-Related Problems Among Women

Organization: National Council on Alcoholism and Drug Dependence, Inc. (NCADD)

Format: Fact Sheet

Length: 2 Pages

Context: Stands Alone

Topic: Alcohol

Mode of Delivery: Self-Instructional

Target Audience: Health Care Providers and Women

Setting: Health Care and Home

Readability: Fairly Difficult

Availability: NCADD Public Information Department, 12 West 21st Street, New York, NY 10010; 212-206-6770; 20 cents each, discounts on bulk orders.

This is a fact sheet of statistics concerning the use of alcohol by women of all ethnic/racial groups.

Alcohol and Women

Gomberg, E.S.L.

Corporate Source: University of Michigan - School of Medicine, Department of Psychiatry, Ann Arbor, MI

Source I.D.: New Brunswick, NJ: Alcohol Research Documentation

Year: 1989

Length: 28 Pages

Medium: Booklet

Topic: Women, Alcohol, Consequences and Sociological Aspects

Availability: Rutgers University, Center of Alcohol Studies, New Brunswick, NJ 08855-0969.

This booklet examines the existing literature on alcohol with regard to women. The sociological aspects of alcohol consumption are explored, including the different social standards used to judge women who drink to excess. The contexts of women's drinking are examined, including the drinking behavior of spouses or significant others. The author discusses alcohol abuse and alcoholism, and the medical, social, job-related, and legal consequences of alcohol abuse by women. Results of treatment and prevention programs also are reviewed. 80 Ref.

Women, AIDS, and Drug Use: Annotated Client Education Directory

Corporate Source: NOVA Research Company, Bethesda, Maryland, USA

Year: 1990

Length: 91 Pages

Medium: Resource Directory

Audience: A/D Treatment Professionals

Topic: Women, Drug use, Acquired Immune Deficiency Syndrome (AIDS); AIDS prevention

Availability: National AIDS Demonstration Research (NADR) Project, National Institute on Drug Abuse, 5600 Fishers Lane, Rockville, MD 20857.

This resource directory provides descriptions and ordering information on nearly 300 brochures, pamphlets, posters, and other materials that may be used in AIDS and drug-abuse prevention programs. The focus of the directory is the needs of women, children, and families. Topics include AIDS and drug use, AIDS and minority women, HIV-antibody testing, pediatric AIDS, legal issues, and women's health issues.

Studies, Articles, & Reports on Women

Government Publications and Journal Articles

Effects of Alcohol Abuse on Reproductive Function in Women

Mello, N.K.

In *Recent Developments in Alcoholism*, edited by M. Galanter, 253-276. New York: Plenum Press, 1988.

Clinical data concerning alcohol's effects on reproductive function in women of childbearing age are discussed, and recent studies of alcohol's effects on pituitary and gonadal hormones in women and animal models are described. Several lines of evidence indicate that alcohol abuse and dependence are associated with a wide range of reproductive system dysfunctions in women and in animal models. Alcoholic women may have disorders of menstrual cycle function, including amenorrhea, luteal phase dysfunction, anovulation, and early menopause. Alcohol-related luteal phase dysfunction and anovulation have also been seen in healthy women given an opportunity to self-administer alcohol for 21 days on a clinical research ward. Moderate and heavy social drinkers may have disorders of menstrual cycle function and fertility. Amenorrhea, atrophy of the uterus, and decreased ovarian mass have been seen in female monkeys trained to self-administer alcohol. Chronic alcohol exposure also disrupts estrus cycle regularity and results in longer estrus cycles in adult and immature rodents. Studies of acute alcohol administration, however, indicate that alcohol has minimal effects on basal hormone levels. The mechanisms of these effects remain to be determined. 116 Ref.

Alcoholism in Women: Causes, Treatment, and Prevention

Fellios, P.G.

In *Alcoholism and Substance Abuse in Special Populations*, edited by G.W. Lawson and A.W. Lawson, 11-36. Rockville, MD: Aspen Publishers, Inc., 1989.

Alcoholism in women, its causes, treatment, and prevention, are discussed. There is no single profile that describes women who become alcoholics, and although women appear to be more prone to some of the medical consequences of heavy drinking than men, these effects are not antecedents of alcoholism. As a group, women suffer a great deal of stress that may be different from that faced by men, and alcoholic women have feelings of powerlessness and inadequacy before drinking. Alcohol has many effects on women, ranging from cirrhosis to gynecological problems. The different development of alcoholism in women requires a different approach to its treatment, and the

goal of treatment should be to make the female patient a stronger, happier, more self-aware person who does not need alcohol to function effectively. Treatment for women, however, is very difficult as her job and/or family may interfere. The therapist must respect the patient's psychological state and try to eliminate inhibitions that may interfere with the therapeutic process. Three psychological models have been developed: the rational or cognitive; the behavioral; and the psychodynamic, and it is suggested that underlying psychological issues may contribute to alcohol abuse. 84 Ref.

Why We Are Concerned: An Overview of Women and Alcohol

Blume, S.

Counselor January-February: 14, 20, 1989.

The effects of alcohol consumption on women are discussed. It is noted that most studies on alcohol and alcohol-related problems are based on the responses of men, and that the results are very different when repeated with women. Physically, physiologically, and psychologically, women respond differently to alcohol than do men. In addition, most treatment programs were initially designed for men, while women remain underrepresented. Three intervention approaches developed for alcoholism are better at reaching men than women: (1) the drinking driver program, (2) the public inebriate program, and (3) the employee assistance program. Screening and outreach for women should be developed in medical and family service settings. The facts presented here emphasize the need for prevention, diagnosis, and treatment for women suffering from the disease of alcoholism.

Women at High Risk for Alcohol Abuse

Wilsnack, S.C.

Counselor January-February: 16-17, 20, 1989.

Women at high risk for alcohol abuse are discussed. While there are no typical alcoholic women, several subgroups particularly at risk are described. It is noted that young women, ages 21-34 report the highest rates of drinking-related problems. Many of these women will resolve these early problems without developing chronic alcohol dependence. Older women, aged 35-49, appear to have the highest rates of chronic alcohol problems, including alcohol dependence, withdrawal symptoms, or loss of control over drinking. Additional subgroups of women at high risk for alcohol abuse include unmarried and cohabiting women, unemployed and part-time employed women, depressed women, women with sexual or reproductive disorders, and women with nontraditional gender-role orientations. Continued research will permit precise targeting of prevention and intervention efforts. 11 Ref.

Women Reaching Women: A Project on Alcohol and Other Drug Abuse

Kravetz, D., and Jones, L.E.

Administration in Social Work 12(2):45-58, 1988.

For further information, write to NCADI, P.O. Box 2345
Rockville, MD 20852

A case study of Women Reaching Women (WRW), a program for chemically dependent women, is described. It is noted that the program's goals, structure, and processes are grounded in feminist approaches and stem from feminist critiques of traditional services for women. The WRW mission is to increase the number of women in treatment, to advocate for their needs, to promote healthy lifestyles, and to train and use volunteers to achieve these goals. It is suggested that WRW's model, which provides public education, advocacy, training, and treatment services through a network of volunteers, offers possible solutions for other services responding to declining revenues and emerging social concerns. 14 Ref.

Women and Alcohol Abuse

Halliday, A., and Bush, B.

In *Alcoholism: A Guide for the Primary Care Physician*, edited by M. Lipkin, Jr., H.N. Barnes, M.D. Aronson, and T.L. Delbanco, 176-180. New York: Springer-Verlag, 1988.

The problems of alcohol abuse in women are discussed. Headings within this chapter include: (1) etiology; (2) natural history; (3) diagnostic considerations; and (4) treatment. It is estimated that the number of women in the United States who drink has increased significantly over the last 40 years and that heavy drinking has increased among young, employed women. Surveys of women treated by gynecologists indicate that as many as 16 percent of these patients may be heavy drinkers, consuming three to five drinks per day. Although female alcoholism is not a different disease than male alcoholism, the issues involved in its recognition and treatment are very different and must be addressed in order to effectively treat these patients. 21 Ref.

Drinking and Drinking Problems in Women: A U.S. Longitudinal Survey and Some Implications for Prevention

Wilsnack, S.C.

In *Addictive Behaviors: Prevention and Early Intervention*, edited by, T. Loberg, W.R. Millers, P.E. Nathan, and G.A. Marlatt, 1-39. Amsterdam: Swets & Zeitlinger, 1987.

Drinking behavior and drinking problems in women are discussed. Headings within this paper include: (1) 1981 U.S. survey of women's drinking, including sample and procedures, time trends in women's drinking, high risk groups; (2) 1986 followup survey of women's drinking, including sample and procedures, initial findings of the 1986 survey; (3) age differences in women's drinking; (4) implications for prevention, including early intervention with high-risk groups, role deprivation and women's drinking, age differences, different risks for different drinking behaviors; and (5) future directions. It is suggested that the factors that lead nonproblem drinkers into problem drinking may be different from the factors that sustain or intensify existing drinking patterns. 27 Ref.

Alcohol Consumption and Risk of Benign Proliferative Epithelial Disorders of the Breast in Women

Rohan, T.E., and Cook, M.G.

International Journal of Cancer 43:631-636, 1989.

The association between alcohol consumption and the risk of benign proliferative epithelial disorders (BPED) of the breast were evaluated in a case-control study involving 383 cases with biopsy-confirmed BPED and 575 controls. Study results indicated that the variation in risk of BPED across levels of daily total alcohol intake and daily alcohol intake of individual beverages was largely insignificant and not dose-dependent, with little variation in risk with age at first drink or current drinking status. In addition, risk of BPED did not increase with severity of cytologic abnormalities. 30 Ref.

Women, Work and Alcohol

Penniman, L.J., and Agnew, J.

In *Alcoholism and Chemical Dependency in the Workplace*, edited by C. Wright, 263-273. Philadelphia: Hanley and Belfus, Inc., 1989.

(Reprints available from Jacqueline Agnew, MPH, Division of Occupational Health, Department of Environmental Health Sciences, The Johns Hopkins University School of Hygiene and Public health, 615 N. Wolfe Street, Baltimore, MD 21205.)

Alcoholism among women is discussed in this review of the literature, with a focus on major findings and issues including work factors. Headings within this article include: (1) prevalence; (2) characteristics of women who drink alcohol; (3) drinking patterns; (4) psychological and psychosocial factors affecting alcohol consumption in women; (5) physiological factors affecting alcohol consumption in women; (6) psychological and psychosocial consequences of problem-drinking in women; (7) physiological consequences of problem drinking in women; (8) implications for intervention; (9) implications for prevention; and (10) implications for further research. It is concluded that while alcohol abuse by women is not a new problem, women are obtaining help more often. There is a need for clinical research and evaluation of client responses to specific treatment and rehabilitation modalities. 64 Ref.

Suicide Risk Among Women with Alcohol Problems

Gomberg, E.S.L.

American Journal of Public Health, 79(10):1363-1365, 1989.

(Reprints available from Edith S. Lisansky Gomberg, PhD, Professor, School of Social Work and Professor of Psychology, Alcohol Research Center, Department of Psychiatry, School of Medicine, University of Michigan, 2091 Frieze Building, Ann Arbor, MI 48109-1285.)

The current study compares 301 alcoholic women, ages 20 to 50, interviewed in 21 treatment facilities, and a control group of nonalcoholic women matched for age and socioeconomic status of family of origin. A significantly higher percentage of alcoholic women (40.0 percent vs 8.8 percent) reported having made suicide attempts, a difference of 31.2 percentage points. Age comparisons within the alcoholic sample show the percentage of younger alcoholic women attempting suicide to be twice as great as the percentage of the alcoholic women suicide attempters in their forties. Such age differences were not found among the nonalcoholic control group. The findings suggest that youthfulness and alcohol/drug abuse are the critical combination for high risk. Awareness of the suicide attempt risk potential is necessary both for emergency room personnel and for substance abuse facility workers. 25 Ref.

Alcohol Consumption and Abuse Among Women and the Elderly

Gruchow, H.W.; Barboriak, J.J.; and Sobocinski, K.A.

In *Diagnosis of Alcohol Abuse*, edited by R.R. Watson, 217-230. Boca Raton, FL: CRC Press, Inc., 1989.

Alcohol consumption and alcohol abuse among women and the elderly are discussed. Headings within this article are: (1) alcohol consumption of United States adults, quantities, and patterns; (2) alcohol intake among the elderly; (3) alcohol intake among women; (4) sequelae of alcohol abuse in elderly and women; and (5) laboratory markers of excessive drinking and alcohol abuse. Alcohol abuse is thought to be more common in these two groups than is generally expected, and the abuse itself and the effects of this abuse may often go undetected. Current research is directed at markers that can detect early changes associated with alcohol abuse, before extensive organ damage has developed. If effective measures of alcohol abuse become available, high risk individuals might be identified early in the development of alcohol-related problems and the personal and social deterioration that goes with chronic alcohol abuse might be prevented. 82 Ref.

Neuroendocrine Consequences of Alcohol Abuse in Women

Mello, N.K.; Mendelson, J.H.; and Teoh, S.K.

Annals of the New York Academy of Sciences 562:211-240, 1989.

The neuroendocrine consequences of alcohol abuse in women are discussed in this review of the literature. Headings within this article include: (1) alcoholism and reproductive system dysfunction in alcohol-dependent women; (2) amenorrhea; (3) anovulation and luteal phase dysfunction; (4) alcohol effects on reproductive function in social drinkers; (5) pathogenesis of alcohol-related reproductive system dysfunctions; (6) possible mechanisms underlying amenorrhea; (7) alcohol-induced anovulation and luteal phase dysfunction; (8) alcohol-induced stimulation of pituitary and gonadal hormones; (9) luteinizing hormone; (10) follicle-stimulating hormone; (11) prolactin; (12) gonadal steroid hormones; (13) mechanisms of alcohol-related pituitary and gonadal hormone stimulation; (14) implications of alcohol-induced changes in maternal reproductive hormones for pregnancy and fetal growth and development; (15) alcohol and abortion; and (16) fetal alcohol syndrome and polydrug abuse. 150 Ref.

Alcohol and Drug Abuse in Treated Alcoholics: A Comparison of Men and Women

Ross, H.E.

Alcoholism: Clinical and Experimental Research 13(6):810-816, 1989.

(Reprints available from Dr. Helen Ross, Clinical Epidemiologist, Psychiatry Program, Clinical Institute, Addiction Research Foundation, 33 Russell Street, Ontario, Canada M5S 2S1.)

A survey of 229 male patients and 198 female patients who met lifetime Diagnostic and Statistical Manual of Mental Disorders-III (DSM-III) criteria for alcohol abuse or dependence was carried

out in Toronto, Canada. The patients were evaluated with the National Institute of Mental Health Diagnostic Interview Schedule and other substance abuse rating scales. The prevalence of individual alcohol and drug symptoms, the patterns of abuse, and the prevalence of drug disorders were compared in the two sexes. The study patients were younger than previous treatment samples and were more likely to have other drug disorders. While the overall prevalence of drug disorders was similar in male and female alcoholics, women were more likely to abuse sedatives and minor tranquilizers while men were more prone to the abuse of cannabis and tobacco. Men continue to be more likely to have social and occupational problems resulting from alcohol abuse, to have started abusing alcohol earlier in their lives, to have been abusing longer, and to report higher quantity and frequency of alcohol consumption. With one or two exceptions, the sexes do not differ on other indicators of pathologic use, withdrawal or tolerance, medical sequelae or treatment history. While men have significantly more alcohol problems than women, as measured by the National Institute of Mental Health Diagnostic Interview Schedule (DIS) and the Michigan Alcoholism Screening Test (MAST), these differences disappear when length of alcohol abuse history, antisocial personality disorder, and employment status are controlled. Similarly, when these variables are controlled, women exhibit more symptoms of alcohol dependence as measured by the Alcohol Dependence Scale (ADS). Women alcoholics come into treatment earlier. 32 Ref.

High Blood Alcohol Levels in Women: The Role of Decreased Gastric Alcohol Dehydrogenase Activity and First-Pass Metabolism

Frezza, M.; DiPadova, C.; Pozzato, G.; Terpin, M.; Baraona, E.; and Lieber, C.S.

New England Journal of Medicine 322(2):95-99, 1990.

(Reprints available from Dr. Charles S. Lieber, Alcohol Research and Center, Veterans Affairs Medical Center, 130 W. Kingsbridge Road, Bronx, NY 10468.)

This study examined sexual differences in gastric ethanol metabolism as a possible explanation for the fact that women (1) achieve higher blood ethanol concentrations than men when they consume the same amount of alcohol and (2) that women are more susceptible to alcoholic liver disease. It was hypothesized that the higher blood ethanol concentrations reached in women may be due to a lower capacity for gastric metabolism of ethanol. Subjects were 20 men and 23 women, with 6 alcoholics in each group. First-pass ethanol metabolism was determined after administration of ethanol at 0.3 g per kg body weight. Gastric alcohol dehydrogenase (ADH) levels were measured by endoscopic biopsy. A significant correlation was found between first-pass metabolism and gastric ADH activity. Both first-pass metabolism and gastric ADH activity were significantly lower in women than in men (23 percent and 59 percent respectively). First-pass metabolism and gastric ADH levels in alcoholic men were about 50 percent of the levels found in nonalcoholic men. In alcoholic women the first-pass metabolism was nearly absent and gastric ADH activities were less than half the levels found in nonalcoholic men. It was concluded that

lower gastric ADH activity in women, by increasing the bioavailability of alcohol, may contribute to their greater susceptibility to adverse consequences from alcohol. 31 Ref.

High Blood Alcohol Levels in Women

Seitz, H.K.; Egerer, G.; Simanowski, U.A.; Phillips, M.; Sweeney, G.D.; Zedeck, M.S.; York, J.L.; Alpert, J.J.; Zuckerman, B.; Frezza, M.; diPadova, C.; Baraona, E.; Lieber, C.S.; Schenker, S.; and Speeg, K.V.

New England Journal of Medicine 323(1):58-62, 1990.

A series of letters to the editor responding to an article and an accompanying editorial in the *New England Journal of Medicine* (vol. 322, 1990). The article by Frezza et al. presented evidence that higher blood alcohol levels (BALs) in women than in men consuming the same amount of alcohol are caused by lower gastric alcohol dehydrogenase (ADH) in women. Seitz, Egerer, and Simanowski, of the University of Heidelberg, note that only younger women seem to have significantly lower gastric ADH levels. Philips, of St. Vincent's Medical Center, Staten Island, NY, points out that lower gastric ADH activity in women should also result in lower portal venous acetaldehyde levels in and therefore a lower level of liver toxicity in women. Sweeney, of McMaster University, Hamilton, Ontario, challenges the original findings on grounds that the analysis of serial blood levels of ethanol was seriously flawed and made the male-female differences seem larger than they really are. Zedeck, of Zedeck Advisory Group, Inc., New York, also challenges the findings, arguing that the activities of gastric ADH reported could not account for any substantial amount of first-pass alcohol metabolism. York, of the Research Institute on Alcoholism, Buffalo, NY, observes that if women achieve higher BALs than men they should be expected to cut their intake sooner than men to maintain the same desired level of intoxication, unless women actually desire a higher level than men. He further argues that the higher prevalence of alcohol damage in drinking women may be due to underlying sex-related differences in tissue vulnerabilities. Alpert and Zuckerman, of Boston City Hospital, challenge a statement in the accompanying editorial that consumption of small quantities of alcohol by pregnant women is harmful to the fetus, arguing that studies that support that view are flawed by failure to control for other variables. The series of letters concludes with responses by the authors of the original article and those of the accompanying editorial. 55 Ref.

High Blood Alcohol Levels in Women

Brown, O.M.

New England Journal of Medicine 323(8):553, 1990.

Errors in reporting the blood ethanol concentrations of subjects in a recent study (Frezza, M., et al., *New England Journal of Medicine* 322:95, 1990) are noted. The errors were noted in reporting blood ethanol concentrations as a function of time after ethanol administration and as the area under the curve (AUC). Correct values are 7.5 mmol/L-hr for nonalcoholic men, 8.1 for the alcoholic men, 11.2 for the nonalcoholic women, and 11.5 for the alcoholic women. Corresponding values

for first pass metabolism AUC differences are 5.8, 2.0, 1.5, and 0.0 mmol/L-hr, respectively. The corrections strengthened the study's conclusion that differences in blood alcohol concentrations are smaller in women than in men and that there is no difference between blood alcohol levels after oral or intravenous administration. 2 Ref.

Risk of Alcohol Intake in Men and Women: All May Not be Equal

Schenker, S., and Speeg, K. V.

New England Journal of Medicine, 322(2):127-129, 1990.

(Reprints available from Steven Schenker, M.D., University of Texas, San Antonio, TX 78284-7878.)

The authors consider research that indicates that the gastric metabolism of alcohol differs in men and women. Frezza et al. report that alcohol dehydrogenase in the gastric mucosa may contribute substantially to alcohol metabolism and that this effect varies with sex. Early studies may have underestimated the usual importance of the gastric metabolism of alcohol, possibly because fasting subjects were studied and large amounts of alcohol were ingested. More recent research showed that blood alcohol levels were significantly lower after oral than after intravenous administration of alcohol in doses of 0.15 or 0.3 g per kilogram of body weight in normal men studied after having eaten. This decrease in the bioavailability of alcohol after alcohol ingestion appears to be due to gastric alcohol metabolism and has been termed gastric first-pass metabolism. The magnitude of the first-pass effect seems to vary with sex, the extent of chronic alcohol intake, fasting or feeding, and the amount of alcohol consumed at one time. This hypothesis may help explain the higher risk in women of harmful effects of alcohol.

Characteristics of Women Receiving Mandated Treatment for Alcohol or Polysubstance Dependence in Massachusetts

Lex, B.W.; Teoh, S.K.; Lagomasino, I.; Mello, N.K.; and Mendelson, J.H.

Drug and Alcohol Dependence 25(1):13-20, 1990.

Characteristics of the first 20 women consecutively admitted for treatment for alcohol or polysubstance dependence following civil commitment by Massachusetts courts were studied. Women were diagnosed as either alcohol dependent (n=12) or polysubstance dependent (n=8). Alcohol dependent women were older at initial alcohol use, at onset of regular alcoholic use, at first treatment admission, and at this admission. For the group as a whole, 75 percent had completed high school; 50 percent were divorced, and 35 percent were supported by public assistance. Seventy-five percent had a family history of alcoholism. This sample of women who received court-ordered alcohol and polysubstance dependence treatment had multiple social, psychological, legal, and health problems. 14 Ref.

For further information, write to NCADI, P.O. Box 2345 Rockville, MD 20852

Alcohol and Drug Problems in Women: Old Attitudes, New Knowledge

Blume, S.B.

In *Treatment Choices for Alcoholism and Substance Abuse*, edited by H.B. Milkman and L.I. Sederer, 183-198. Lexington, MA: Lexington Books, 1990.

In this chapter the author discusses the particular stigma attached to women's alcohol or drug abuse problems. Topic headings found here are as follows: the drinking or drug-taking woman as victim; implications for prevention; barriers to chemical dependence treatment, including case finding and other barriers; special problems of chemically dependent women, including dual diagnosis and assessment failures; codependence issues; treatment outcomes; summary. 35 Ref.

Alcohol Consumption and Menstrual Distress in Women at Higher and Lower Risk for Alcoholism

Charette, L.; Tate, D.L.; and Wilson, A.

Alcoholism: Clinical and Experimental Research 14(2):152-157, 1990.

(Reprints available from Lina Charette, PhD, Program Coordinator, Youth Alcohol and Drug Program, Addiction Services, The Royal Ottawa Hospital, Ottawa, Ontario, Canada K1Z 7K4.)

This study investigated whether alcohol consumption varied as a function of menstrual cycle, menstrual distress symptomatology, and global stress in nonalcoholic drinking young women at higher and lower (HR, LR) risk for alcoholism as assessed by family history. Eighty-two normally menstruating women (52 LR and 30 HR) monitored their alcohol intake, physical and affective distress symptoms, and global stress level daily for two consecutive menstrual cycles. Subjects were unaware that their menstrual cycles were being monitored. The results confirmed the presence of increased physical distress symptomatology during the premenstrual and menstrual phases but did not show variation in negative affect or global stress throughout the menstrual cycle. High risk subjects were aware that they were at higher risk for alcoholism and consumed more alcohol. However, alcohol consumption was not related to the menstrual cycle, distress symptoms, or global stress. Subjects reported that they drank most frequently with others for pleasure enhancement and rarely for pain or tension-reduction. Subjects also drank more on weekends than weekdays. These findings argue against the menstrual cycle as etiological in the development of alcoholism. It would appear that social factors influence alcohol consumption in young nonalcoholic women. 22 Ref.

Relation of Moderate Alcohol Consumption and Risk of Systemic Hypertension in Women

Witteman, J.C.M.; Willett, W.C.; Stampfer, M.J.; Colditz, G.A.; Kok, F.J.; Sacks, F.M.; Speizer, F.E.; Rosner, B.; and Hennekens, C.H.

American Journal of Cardiology 65(9):633-637, 1990.

(Reprints available from Graham A. Colditz, MD, Channing Laboratory, 180 Longwood Avenue, Boston, MA 02115-5899.)

The relationship between moderate alcohol consumption and the development of systemic hypertension was as-

sessed in a group of 58,218 registered nurses, ranging in age from 39 to 59. At the start of the study, all subjects completed a dietary questionnaire that included use of alcoholic beverages. During four years of follow-up, 3,275 women developed hypertension. When compared to nondrinkers, those women drinking 2-3 drinks (20-34 g of alcohol) per day had an increased risk of 1.4, while those women consuming greater amounts had an increased risk of 1.9. It is concluded that alcohol consumption of up to approximately 20 g/day does not increase the risk of hypertension, while alcohol consumption over 20 g/day increases the risk progressively. 22 Ref.

Psychosocial Correlates of Alcohol Intake Among Women Aged 45 to 64 years: The Framingham Study

Hamlett, K.; Eaker, E.D.; and Stokes, J. III

Journal of Behavioral Medicine 12(6):525-542, 1989.

The psychological, behavioral, and social correlates of alcohol intake were studied in 749 women, aged 45 to 64 years, who participated in the Framingham Heart Study (1965 to 1967). Alcohol intake was determined using data on the frequency of alcohol intake per week and on drinking versus abstinence patterns. The overall results indicate that the frequency of alcohol intake was positively associated with increased socioeconomic status, worrying about aging, and being easily upset. Alcohol intake and drinking versus nondrinking status was also associated with age, homemaker status, and scores on a rigid attitude scale. In general, older women were more likely to be nondrinkers compared to younger women, but, among older women, being a homemaker was positively associated with increased alcohol consumption. Younger women who were homemakers were more likely to be abstainers that were those employed outside the home. Cigarette smoking was also positively correlated with alcohol consumption. Other variables associated with drinking included educational level, religion, and parental occupation. Husband's occupational status, social class, and number of children were not related to drinking behavior. 19 Ref.

Women and Alcohol: Moving Beyond Disease Theory

Lundy, C.

Conference Paper, Third Biennial Health Conference on Health Futures, Wilfrid Laurier University, Waterloo, Ontario, Canada, December 1, 1989, and the 31st Annual Meeting of the Institute on Addiction Studies, Hamilton, Ontario, Canada, July, 15-20, 1990.

Alcohol abuse and its prevention are discussed, with a focus on women. Headings within this article include: (1) the limitations of a disease framework; (2) women's reality: a life of subordination; (3) women's work: underpaid and unpaid; (4) violence in women's lives; (5) alcohol use as a coping response to social pressures; and (6) helping women: moving forward. It is concluded that self-examination of women's lives and the social forces that restrict women must be the first step toward liberation, with a recognition that sexual inequalities and domination need to be overcome in order for women to be effectively liberated.

These obstacles cannot be overcome through reliance on a rigid model such as the disease model of alcohol abuse and alcoholism. 58 Ref.

Women's Health: A Course of Action. Issues Related to Alcohol, Drug Use and Abuse, and Mental Health of Women

Chatham, L. R.

Public Health Report 102(4, Suppl):16-18, 1987.

(Reprints available from the National Clearinghouse for Alcohol and Drug Information; P.O. Box 2345, Rockville, MD 20852, 301-468-2600 or 1-800-729-6686.)

The report concerns health conditions or illnesses which occur more frequently in women, are uniquely manifest in women, or require different treatments or responses when manifest in women. Chapter 4 of the report entitled, "Issues Related to Alcohol and Drug Abuse and Mental Health of Women," is discussed briefly. In recent years, women have used tobacco and marijuana more than ever before. Current survey data indicate that 3.5 million American women are using alcohol inappropriately and may be classified as suffering from alcoholism. The differential effects of alcohol on women and men are discussed. Other aspects of alcohol use and abuse are highlighted: fetal alcohol syndrome, genetics, life span, diagnosis and referral, stigmatization, risk factors, associated health conditions, and minorities. Stress is placed on the importance of individuals being informed consumers, i.e., aware of early warning signs of illness in themselves, their friends, colleagues, and employees and seeking help quickly; insistent upon competent health care in terms of diagnosis, treatment, and referral; and insistent on honesty in advertising. 1 Ref.

Retrospective Search for the Etiology of Drug Abuse: Background Comparison of a Drug-Addicted Population of Women and a Control Group of Non-Addicted Women

Hagan, T.

Proceedings of the 49th Annual Scientific Meeting. The Committee on Problems of Drug Dependence, Inc. NIDA Research Monograph no. 81. Philadelphia, June 14-19, 1987.

(Reprints available from Teresa Ann Hagan, Family Center Program, Thomas Jefferson University Hospital, 11th and Chestnut, Philadelphia, PA 19107.)

This research project was designed in order to target and examine risk factors that are considered significant in the etiology of drug abuse. The project is a retrospective search which investigates and compares the backgrounds of a drug-addicted population of women and a non-addicted population of women. Twenty-four drug-addicted women and 20 non-addicted women were interviewed. All subjects were administered the following questionnaires: (1) A Vaillant (1979) untitled questionnaire which indicates alcoholism in a family member or friend; (2) Moos' Family Environment Scale (Moos 1974); and (3) a comprehensive social data questionnaire. The drug-addicted women experienced the following significantly similar background risk factors: chemical abuse within the family of origin; "early" (before 16 years) sexual abuse; lack of cohesion and expression in their families; and a lack of ego center. 9 Ref.

Women at High Risk for Alcohol Abuse

Wilsnack, S.C.

Counselor January-February: 16-17, 20, 1989.

(Reprints available from The Counselor, 3717 Columbia Pike, #300, Arlington, VA 22204.)

Different groups of women who are at high risk for alcohol abuse are described. The "Role-Less Woman" (young women ages 21-34) lacks a full-time occupation or family role, including women who are unmarried, unemployed or employed part-time. Young women report the highest rates of specific drinking-related problems. The "Lost-Role Woman" (women ages 35-49) is undergoing the loss of major social roles, such as divorce, separation, or children's departure, that may increase her risk of alcohol abuse. Women in this age group have the highest rates of chronic alcohol problems. Other variables associated with elevated rates of heavy drinking, drinking-related problems, and/or alcohol dependence symptoms in women in one or more cross-sectional studies are discussed. 11 Ref.

Women and IV Drugs: Parenteral and Heterosexual Transmission of Human Immunodeficiency Virus

Cohen, J.B.; Hauer, L.B.; and Wofsy, C.B.

Journal of Drug Issues 19(1):39-56, 1989.

(Reprints are available from the publisher.)

Most women diagnosed with Acquired Immunodeficiency Syndrome (AIDS) in the United States are either intravenous drug users (IVDUs) or sex partners of male IVDUs. Research that looks at "IVDUs with AIDS" as one category, and "women with AIDS" as another, may fail to provide adequate information about this specific subgroup. The authors summarize the results of several studies of the prevalence of HIV infection among IVDUs, and discuss the difficulty of estimating the number of women, IVDUs, or partners of male IVDUs, infected with HIV. They consider differences between female and male IVDUs, and between women IVDUs and non-IVDUs, including economic status, pregnancy, and child-rearing responsibilities. They conclude with a series of policy recommendations concerning AIDS prevention and service programs targeting this specific population.

Alcohol and Drug Use Among Homosexual Men and Women: Epidemiology and Population Characteristics

McKirnan, D.J., and Peterson, P.L.

Addictive Behaviors 14(5):545-553, 1989.

(Reprints available from David J. McKirnan, University of Illinois - Chicago, Department of Psychology, Box 4348 (m/c 285), Chicago, IL 60680.)

Homosexual men and women have been described as at high risk for alcohol and other drug abuse, due to psychosocial variables such as stress levels or the cultural importance of bar settings. However, there are few actual data in this regard. This paper presents the finding of a large (n = 3400) survey of a homosexual population regarding population characteristics and patterns of alcohol and drug use. Psychosocial variables that may account for substance use patterns both generally and in this population are discussed in an accompanying paper. Substantially higher

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proportions of the homosexual sample used alcohol, marijuana, or cocaine than was the case in the general population. Contrary to other reports, this was not accompanied by higher rates of heavy use, although homosexuals did show higher rates of alcohol problems. In the general population women consume less drugs and alcohol than do men, and substance use substantially declines with age. Neither of these patterns were found for the homosexual sample, thus creating overall higher rates of substance abuse. This may reflect differences between homosexuals and the general population in their adherence to sex-role stereotypes and age-related social role changes, as well as culturally specific stressors and vulnerability. 26 Ref.

Alcohol, Marijuana, and Mood States in Young Women

Lex, B.W.; Griffin, M.L.; Mello, N.K.; and Mendelson, J.H.

International Journal of the Addictions 24(5):405-424, 1989.

(Reprints available from Barbara W. Lex, McLean Hospital, Harvard-McLean Alcohol and Drug Abuse Research Center, 115 Mill Street, Belmont, MA 02178.)

Potential predictors of 8 Profile on Mood States (POMS) factor scores were examined for 30 young women (mean age = 26.4 years). Prospective data were obtained from diary questionnaires and POMS ratings submitted daily during three consecutive menstrual cycles. Behavioral and social variables (heavy versus light marijuana smoking, consumption of both marijuana and alcohol on a given day, stress, and sexual activity) were stronger mood factor predictors than temporal or biological variables (weekends or menstrual cycle phase). Heavy marijuana users consistently reported higher negative moods and lower positive moods than light marijuana users. 53 Ref.

Intravenous Drug Abuse and Women's Medical Issues

Wofsy, C.B.

In *Report of the Surgeon General's Workshop on Children with HIV Infection and Their Families*, edited by B.K. Silverman and A. Waddell, 32-34. Washington, DC: Department of Health and Human Services, 1987.

(Reprints available from Department of Health and Human Services, Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.)

Women constitute 7 percent of all reported AIDS cases in the United States. Of women with AIDS, 28 percent are White, 51 percent are African American and 20 percent are Hispanic. Fifty-two percent of women with AIDS are intravenous drug users (IVDUs), but 27 percent are non-IVDUs who were infected by a male sexual partner, usually an IVDU male. Methods of transmission are described, as is the epidemiology of women who use IV drugs. HIV infection and pregnancy are discussed. Other societal issues for women infected with HIV include: extreme isolation, profound grief for the loss of health, unavailability of medical care, lack of informed primary care, and loss of self-esteem.

Special Issues of Women

Lisansky, E. S.

In *U.S. Journal of Drug and Alcohol Dependence* 13(12):9, 1989.

(Reprints are available from the publisher.)

Epidemiological studies have shown that the proportion of American women who drink has remained steady for several decades. Data suggests, however, that young women, particularly those in their twenties, currently show a higher rate of heavy/frequent drinking than cohorts measured at the same age in the past. There also appears to be an increase in the frequency of impaired driving problems among young women. At the same time, it is interesting to compare female and male drinking related problems when they are young adults but are more likely to be diagnosed as alcoholic in middle age. The drinking related problems of women are more likely to be reported in their thirties, and it is in middle age that male and female rates of alcohol problems come closest. These apparent contradictions may be resolved: younger women are more likely to be seen in the workplace and do more of their drinking in public places than do older women. When women alcoholics enter treatment, research data suggest that several factors may predict prognosis. The number of life problems (e.g., marital problems, medical problems, and depression) when entering treatment relates significantly to prognosis. Also related to prognosis is the number of primary social network supports. It is important to note that families may play a critically supportive or destructive role in seeking treatment: research indicated that women encounter opposition to treatment from family and friends significantly more often than do men. If family members and friends are supportive, however, prognosis is improved.

Alcohol Use as a Situational Influence on Young Women's Pregnancy Risk-Taking Behaviors

Flanigan, B.; McLean, A.; Hall, C.; and Propp, V.

Adolescence 25(97):205-214, 1990.

(Reprints available from Beverly Flanigan, University of Wisconsin-Madison, School of Social Work, 425 Henry Mall, Madison, WI 53706.)

Recent studies have found that many young women just beginning their sexual lives use alcohol prior to intercourse. A large number appear to drink heavily enough prior to sex to compromise their ability to use contraceptives. The question emerges whether there is a relationship between drinking before intercourse, the nonuse of birth control methods, and unplanned pregnancies. The present research describes 43 instances of intercourse which resulted in unplanned pregnancies in 14- to 21-year-olds. Variables examined included alcohol use prior to sex, amount of alcohol consumed, the use of other drugs, the planning of intercourse, respondents' stated reasons for nonuse of contraceptives, and other general demographic data. 12 Ref.

Culture and Social Class as Intervening Variables in Relapse Prevention with Chemically Dependent Women

Weiner, H.D.; Wallen, M.C.; and Zankowski, G.L.

Journal of Psychoactive Drugs: A Multidisciplinary Forum 22(2):239-258, 1990.

(Reprints available from Harvey D. Weiner, Vice President for Health Affairs, Eagleville Hospital, 100 Eagleville Road, Eagleville, PA 19408.)

Craving and relapse are complex, poorly understood phenomena. A distinctive and baffling characteristic of the disease of chemical dependency is the continuing impulse to use alcohol and/or other drugs, even after lengthy periods of sobriety. This article discusses relapse prevention, focusing on public-sector chemically dependent women. Relapse among these women must be seen in the total context of their lives. Poverty and social disorganization do not directly cause relapse, but problems related to daily life under such conditions represent significant risk factors. The Eagleville Hospital treatment model and relapse prevention programs are described, and it is noted that public-sector women typically present with problems related to being raised in addicted households, residing in drug-saturated inner-city environments, deficits in child-rearing skills, destructive (often abusive) relationships with men, social interactions involving other substance abusers, few (if any) work skills, minimal educational achievement, low self-esteem, and poor self-image. A case study illustrates the course of treatment and relapse prevention efforts with a typical public-sector chemically dependent woman. 51 Ref.

Anterior Pituitary, Gonadal and Adrenal Hormones in Women with Alcohol and Polydrug Use

Teoh, S.K.; Lex, B.W.; Cochin, J.; Mendelson, J.H.; and Mello, N.K.

In *Problems of Drug Dependence 1989. Proceedings of the Annual 51st Scientific Meeting*, edited by L.S. Harris, NIDA Research Monograph no. 95, 481-482. Rockville, MD: National Institute on Drug Abuse, 1989.

(Reprints available from Siew K. Teoh, Alcohol and Drug Abuse Research Center, McLean Hospital, Harvard Medical School, 115 Mill Street, Belmont, MA 02178.)

Chronic alcoholism and drug abuse are often associated with derangements of reproductive function in women such as amenorrhea, anovulation, luteal phase dysfunction and early menopause. Endocrine profiles of the first 18 consecutive women (age 17-58) admitted to a Massachusetts hospital for treatment of alcohol/polydrug abuse under civil commitment were studied. Twelve women were diagnosed as alcohol dependent/abusers according to criteria established in DSM-III R. Their daily alcohol consumption ranged from 42-324 grams. Six women were diagnosed as polydrug dependent. In addition to alcohol (84-830 g/day), cocaine was the most frequently abused drug followed by tranquilizers, sedatives, marijuana, amphetamines and opiates. Fifty percent of the alcoholic women had hyperprolactinemia independent of amount and duration of alcohol use and one had secondary amenorrhea with a normal prolactin level and low levels of LH and E2. Two polydrug abusers had hyperprolactinemia and one had secondary amenorrhea. Hormone levels were consistent with reported menstrual cycle phase or menopausal range in 16

patients. Accumulating evidence of reproductive dysfunction in female alcohol and drug abusers indicates that treatment programs should also evaluate neuroendocrine status.

Alcohol and Women

Alcohol Alert October 1990.

(Reprints available from the National Clearinghouse for Alcohol and Drug Information, P. O. Box 2345, Rockville, MD 20857.)

A review of recent literature on drinking among women. Studies in the general population indicate that fewer women than men drink. It is estimated that of the 15.1 million alcohol-abusing or alcohol-dependent individuals in the United States, approximately 4.6 million (nearly one-third) are women. On the whole, women who drink consume less alcohol and have fewer alcohol-related problems and dependence symptoms than men. Among other findings discussed: marital status appears to modify risk for drinking among women; drinking may vary among women of different races or ethnic groups; women may be more vulnerable than men to the physiological consequences of drinking; and the relationship between drinking and breast cancer remains unclear. 47 Ref.

Social Bonding-Drug Progression Model of Amphetamine Use Among Young Women

Taub, D.E., and Skinner W.F.

American Journal of Drug and Alcohol Abuse, 16(1&2):77-95, 1990.

(Available from Diane E. Taub, Southern Illinois University-Carbondale, Department of Sociology, Carbondale, IL 62901-4524.)

Social bonding theory explains less serious drug use better than use of hard drugs. The difference in prediction may be due to the omission of intervening variables between the bond and serious drug use, such as experience with minor drugs. In this study the impact of the social bond on amphetamine use is examined among a national sample of high school senior women. Included in the model is the notion of drug progression, in which individuals first use minor drugs and progress to illicit drugs. To ascertain whether the bond is mediated through use of less serious drugs, cigarettes, alcohol, and marijuana are utilized in the analysis. Among the bonding variables, religious commitment has the only significant direct effect on amphetamines. Overall, elements of the bond explain less variance in amphetamines than in cigarettes, alcohol, and marijuana. Combining drug progression with social bonding theory substantially increases the explained variance of amphetamines. 28 Ref.

Other Publications

Job Stress and Alcohol Use Among Black and White Working Women

Braswell, S.P.

Ph.D. diss., United States International University, San Diego, 1989.

(Reprints available from UMI, 300 North Zeeb Road, Ann Arbor, MI 48106. Refer to order no. DA 8824068.)

The present study investigated whether Black working women experience more job stress and alcohol dependency than White working women. The study utilized a correlational design which consisted of Black and White working women employed as nurses and social workers. Subjects were 123 women between the ages of 25 and 64. The majority were Black (51.6 percent) and had some college, specialized training or postgraduate training. They were recruited either by mail or personally by the investigator or with the aid of fellow employees. The Work Environment Scale (WES), the Multi-Alcohol Personality Inventory Scale (MAPIS), and a demographic questionnaire were administered to subjects. No statistical significance was found between the independent variable of job stress and the dependent variable of alcohol dependency. Black women did not experience more job stress than White women. No significant difference was found between Black and White women for alcohol dependency. The findings were discussed and suggestions for further research were made.

Evaluation of Project Opportunity: Primary Prevention Program for Women in Major Life Transition

Bitonti, C.

Sonora, CA: Project Opportunity, 1989

(Reprints available from Research Services Section, Division of Administration, Department of Alcohol and Drug Programs, 111 Capitol Mall, Sacramento, CA 95814.)

This report describes Project Opportunity, a 7-month psychoeducational model of prevention with women, and the results of the program evaluation designed to determine its effectiveness in enhancing self-esteem and decreasing risk in women experiencing major life transitions. The project was funded for 3 years by the Division of Drug Programs of the California Department of Alcohol and Drug Programs. Quantitative and qualitative research methods were combined to address summative (outcome) and formative (process) questions in this evaluation. A quasi-experiment was conducted in which the Tennessee Self-Concept Scale (TSCS) scores of 165 program participants were compared with those of a 45-member waiting-list control group. Addiction risk levels were analyzed separately for the two groups since a true comparison was not possible on this variable due to data collection problems. In addition, 63 of the participants (34 percent) responded to a seven-page questionnaire, describing in detail outcomes and experiences relating to Project Opportunity. Analysis of covariance was performed on the TSCS data, revealing a statistically significant increase in self-esteem scores for the participant group ($F=76.35$; $p=.0001$). Over the entire 7-month program, these women tended to decrease their use of various psychoactive substances, thereby reducing risk of addiction. The comparison group remained stable in addiction risk over their 3-month waiting period. While the model appears generally effective with women of diverse ages and educational backgrounds who are experiencing a range of life transitions, additional research is needed to determine more precisely the scope of its usefulness. Addition of content relating specifically to chemical dependency and the addictive process may increase program responsiveness

to the needs of women already at high risk for addiction when entering the program.

Alcohol Use and Stress in College Women

McNair, L.D.

Ph.D. diss., State University of New York at Stony Brook, Stony Brook, 1990.

(Reprints available from UMI 300 North Zeeb Road, Ann Arbor, MI 48106. Refer to order #DA8918949.)

The tension-reduction hypothesis (TRH) has emphasized the tension-reducing properties of alcohol in maintaining its use. The present study sought to investigate cognitive and social factors involved in stress-related drinking in women. Sixty women undergraduates (moderate to heavy social drinkers) were randomly assigned to four conditions in a 2x2 factorial design in which order of alcohol consumption and stress task were manipulated. Subjects completed the stress task either before or after the alcohol taste-rating task. The study results indicated that subjects in all experimental conditions consumed similar amounts of alcohol. Thus, the stress and order manipulations had no effect on alcohol consumption. Alcohol following the speech task decreased anxiety. However, in the high stress alcohol-stress (AS) condition, neither the expectation of alcohol nor actual consumption of alcohol influenced anxiety levels. Alcohol expectancies and control/vulnerability concerns were not significantly correlated with alcohol consumption. The findings suggest that stress-related alcohol consumption in women may be mediated by contextual cues such as situation-specific consequences of alcohol consumption and social perceptions of alcohol use by women.

Men, Women and Alcohol: An Analysis of Gender Differences in Drinking and Responses to Intoxication

Cole-Harding, S.

Ph.D. diss., University of Colorado at Boulder, 1990.

(Reprints available from UMI, 300 North Zeeb Road, Ann Arbor, MI 48106. Refer to order # DA9013666.)

Data from 587 men and women tested as part of the Colorado Alcohol Research on Twins and Adoptees (CARTA) project were analyzed with regard to gender differences. The CARTA project involved testing the changes in a battery of physiological, perceptual-motor, and cognitive tests, and self-reports of mood and feelings of intoxication after a 0.8 g/kg dose of ethanol. This dose of ethanol results in a blood alcohol concentration of near 100 mg/dL, which is legally intoxicated in Colorado and many other areas. In addition, a questionnaire was administered before testing regarding drinking habits, such as quantity of ethanol usually consumed, motivations for drinking, drinking history, locations of drinking, and family drinking habits. This analysis was an attempt to find differences in drinking habits or responses to ethanol that might explain why women generally drink less than men and also have a lower rate of alcoholism. The CARTA study included a greater number of tests and a much larger sample of men and women than most previous studies of human ethanol responses. In these analyses of differential effects for men and women in

ethanol responses, few significant effects were found. Although the men drank more than the women, there was no indication that there was a gender difference in motivation for drinking. The gender differences in impairment were significant in only a small number of the variables and accounted for only a small proportion of variance. Thus, it seems likely that the reasons for the gender differences in amount of ethanol consumed is not related to motivational reasons or to the responses to ethanol that were measured in this study.

Drugs & Women

August, P. N.

New York: Chelsea House Publishers, 1987.

(Available from Chelsea House Publishers, 95 Madison Avenue, New York, NY 10016.)

An increasing number of contemporary women are turning to the use of psychoactive substances, ranging from nicotine and alcohol to tranquilizers, stimulants, and opiates. The reasons for this trend are varied and complicated but are no doubt connected to the enormous pressures that contemporary society places on women to juggle the demands of job and family. Focus is placed on the special dangers, both physical and psychological, that psychoactive substances pose for women, and includes sections that discuss the effects of drugs on teenage and pregnant women. Cultural and sociological attitudes towards women in modern American society are examined; it is shown how these views may influence the use and abuse of psychoactive drugs.

Women: Alcohol and Other Drugs

Gomberg, E.S.L.

Eighth Annual Betty Ford Center Conference on Alcoholism/Chemical Dependency: "Integrating Concerns in Chemical Dependency," February 15-17, 1988.

(Available from Edith S. Lisansky Gomberg, Ph.D., School of Social Work, The University of Michigan, 1065 Frieze Building, Ann Arbor, MI 48109-1285.)

A review of some of the historical and contemporary events related to problems of women and drugs is presented. The problem of women and drugs has grown almost proportionately with female progress in the workplace. With the growth of substance abuse treatment facilities has come a growth of concern for women who abuse alcohol and drugs. Patterns of usage of prescription medications, prescribed psychoactive drugs, over-the-counter medication, tobacco/alcohol, and street drugs among women are examined. Mental health issues and psychological, biological and sociological explanations concerning female drug and alcohol use are discussed. 99 Ref.

Groups, Organizations, & Programs on Women

Al-Anon Family Group Headquarters, Inc.
P.O. Box 182
Madison Square Station
New York, NY 10159
212-254-7230
1-800-344-2666

Alcoholics Anonymous (AA)
World Services, Inc.
468 Park Avenue, South
New York, NY 10016
212-683-3900

American Association for Counseling and Development (AALD)
5999 Stevenson Avenue
Alexandria, VA 22304
703-823-9800

American Association for Marriage and Family Therapy (AAMET)
1717 K Street, NW
Suite 407
Washington, DC 20006
202-429-1825

American Civil Liberties Union Foundation (ACLU)
The Women's Right Project
132 W 43rd Street
New York, NY 10036
212-944-9800

Camp Fire, Inc.
4601 Madison Avenue
Kansas City, MO 64112
816-756-1950

Cocaine Hotline
1-800-COCAINE

General Federation of Women's Clubs (GFWC)
1734 N Street, NW
Washington, DC 20036
202-347-3168

Girl Scouts of the USA
830 Third Avenue
New York, NY 10022
212-940-7500

Mothers Against Drunk Driving (MADD)
669 Airport Freeway
Suite 310
Hurst, TX 76053
817-268-6233

Narcotics Anonymous (NAR ANON)
P.O. Box 9999
Van Nuys, CA 91409
818-780-3951

Nar-Anon, Family Groups
P.O. Box 2562
Palos Verdes Peninsula, CA 90274
213-547-5800

National Clearinghouse for Alcohol and Drug-Information (NCADI)
P.O. Box 2345
Rockville, MD 20852
800-729-6686

National Council on Alcoholism and Drug Dependence, Inc. (NCADD)
12 West 21st Street
New York, NY 10010
212-206-6770 or 800-622-2255

National Institute on Drug Abuse
1-800-662-HELP(ENGLISH)
1-800-662-AYUDA(SPANISH)

The Women's Services
DC General Hospital
1905 East Street, SE
Washington, DC 20003
202-727-5166

Women for Sobriety
P.O. Box 618
Quakerstown, PA 18951
215-536-8026

YWCA
726 Broadway
New York, NY 10003
212-614-2700

For further information, write to NCADI, P.O. Box 2345
Rockville, MD 20852

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